

Please arrange to survey vehicle at
8 KAKI BUKIT AVENUE 4 - GATE 2
#07-48 PREMIER @ KAKI BUKIT
SINGAPORE 415875



Date : 30/04/2018
TP Vehicle No. : SKB- 262-U
To : AXA INSURANCE SINGAPORE PTE LTD
Attn : Motor Claim Department

LINDA LIAO
ABWIN SERVICE PTE LTD
DID: 67139417
Fax: 67139415
HP: 97519596

Owner : HO WAI MUN
NTUC INCOME INSURANCE CO-OPERATIVE LTD
Certificate No. : 5076478044-02
Vehicle No. : SKX-7971-U
Make & Model : HONDA FIT 1.3 G F-PACKAGE A

Accident Date: 29/04/2018

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
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List Item

1	REAR BUMPER	\$710.30
1	REAR BUMPER RETAINER RH	\$25.60
1	REAR BUMPER RETAINER LH	\$25.60
10	REAR BUMPER CLIPS	\$50.00
1	REAR FENDER LH	\$635.60
1	REAR FENDER INNER SHIELD LH	\$35.60
10	REAR FENDER INNER SHIELD CLIPS LH	\$50.00
1	REAR DOOR LH	\$799.40
1	LH REAR DOOR HINGE BOTTOM	\$50.60
1	LH REAR DOOR WEATHERSTRIP	\$85.00
1	LH REAR DOOR HINGE UPPER	\$48.50
1	LH REAR DOOR CHECKER	\$48.50
1	LH REAR DOOR PILLAR	\$709.60
1	LH REAR AXLE BEAM	\$959.70
1	LH REAR AXLE BEAM BEARING	\$281.90
1	LH REAR SHOCK ABSORBER MOULDING	\$95.60
1	LH REAR SHOCK ABSORBER	\$356.90
Sub Total		\$4,968.40
Discount 20% on Parts		(\$993.68)
		\$3,974.72

Special Nett

1	LH REAR FENDER SEALANT	\$65.00
Sub Total		\$65.00

Labour & Misc

TO STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	\$1,500.00
TO SPRAY PAINT ON AFFECTED AREAS	\$1,500.00
TO TRANSFER AND REFIX DOOR FIXTURE	\$250.00
TO CONDUCT 4 WHEEL ALIGNMENT	\$250.00

Date : 30/04/2018
 TP Vehicle No. : SKB- 262-U
 To : **AXA INSURANCE SINGAPORE PTE LTD**
 Attn : **Motor Claim Department**

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 DID: 67139417
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 Certificate No. : 5076478044-02
 Vehicle No. : SKX-7971-U
 Make & Model : HONDA FIT 1.3 G F-PACKAGE A

Accident Date: 29/04/2018

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
	TO REMOVE AND INSTALL TYRE AND BALANCING	\$150.00	
	TO APPLY UNDERCOATING FOR RUST ROOFING	\$250.00	
	TO CARRY OUT UNDERCARRIAGE REPAIR	\$350.00	
	Sub Total	\$4,250.00	
	Sub Total	\$8,289.72	
	GST 7%	\$580.28	
	Total	\$8,870.00	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	30/04/2018 11:41
Date Of Accident	29/04/2018 10:40
Exact Location Of Accident	BLK 423 JURONG WEST STREET 42 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7971U
Insured/Policyholder	
Name Of Registered Owner	HO WAI MUN
NRIC No	S1687100A
Email Address	WMHO99@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96951441
Alternative Phone No	OFFICE-96951441

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076478044-02
Cover Note Number	

Driver

Name of Driver	HO WAI MUN
NRIC No	S1687100A
Date Of Birth	07/09/1965
Occupation	INDOOR
Date Of Driving Pass	16/08/1995
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96951441
Fax Number	
Contact Number	OFFICE-96951441
EMail Address	WMHO99@YAHOO.COM.SG

Address	BLK 475 JURONG WEST ST 41 #06-388
Postcode	640475
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 29/04/2018 at about 1040hrs, while pass through parking lot 491 of Blk 423 Jurong West Street 41 open car park J52, the vehicle B suddenly move off from the car parking lot without checking, thus the vehicle (B:SKB262U) had hit onto my vehicle's left side rear portion. Nobody was injured on the scene, No passenger on-board my car, One passenger on-board vehicle B.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB262U
Vehicle Make/Model/Colour	BMW
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	GONG XIUE
NRIC/Passport Number	S7364555G
Contact Number	92720310
Address	33 JURONG WEST STREET 41 #04-41
Postcode	649413
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2


SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Blk 425 Jurong West

ST 42

A = SKX 7971 U

B = SKB 262 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attachment.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: